



# Town of Concord

## Fire Department Radio Fire Alarm Box Permit

Property Location: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Owner Phone # \_\_\_\_\_

Occupant: \_\_\_\_\_ Occupant Phone # \_\_\_\_\_

Contractor: \_\_\_\_\_ Contractor Phone # \_\_\_\_\_

Installer Name: \_\_\_\_\_ Installer MA Lic. # \_\_\_\_\_

Installer Phone # \_\_\_\_\_

Equipment to be installed: Manufacturer(s) \_\_\_\_\_

Model(s) \_\_\_\_\_

### Fire Department Use

Site File # \_\_\_\_\_

Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Acceptance Date: \_\_\_\_\_

By: \_\_\_\_\_

Assigned Box #		Assigned Test time		Proposed Box Location:	
Assigned By:		Assigned By:		Approved By:	
Proposed Antenna Location:				Knox Box Location:	
HDC Needed Y or N					
Approved By:		Date:		Approved By:	
				Date:	
Radio Box Zone Assignments <b>Approved by:</b> _____ <b>Date:</b> _____					
<b>ZN</b>	<b>Description</b>	<b>ZN</b>	<b>Description</b>	<b>ZN</b>	<b>Description</b>

THIS PERMIT MUST REMAIN WITH RADIO BOX